

Coffee CAHC is a weekly newsletter where we round up and comment on the latest health coverage policy developments both nationally and here in Maine. We hope you find these updates helpful!

Please email policy@mainecahc.org with questions.



Coffee CAHC

118th Congress, 1st Session

131st Maine Legislature, 1st Session

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CAHC is pleased to welcome a new staff member and a new Board member!



Ceilidh (pronounced "kay-lee") Shea has joined the staff as a Policy Advocate. She is a graduate of Colorado College, where she majored in Political Science and minored in Global Health. She has a strong interest in the intersection of public policy and health outcomes, particularly with respect to health equity and health justice. Welcome Ceilidh!

Juliana L'Heureux, BS, MHSA, RN, has joined CAHC's Board of Directors. A registered nurse, she is well-respected as a strong advocate for health care in public policy. She is president of American Nurses Association-Maine and co-editor of ANA-Maine's quarterly newsletter. In 2018, she was awarded a Lifetime Achievement Award from the ANA-Maine. Juliana has also been a member of Providers Standing up for Health Care that engages doctors, nurses, behavioral health specialists, advanced practice professionals, dentists, physical therapists, midwives, and concerned citizens in advocating for improved health care for the people of Maine. She is also an avid chronicler of the Franco-American experience in Maine. Welcome Juliana!



National Level

Former CMS Administrator Slams Profit-Driven Health Care. "The grip of financial self-interest in US health care is becoming a stranglehold, with dangerous and pervasive consequences. No sector of US health care is immune from the immoderate

pursuit of profit, neither drug companies, nor insurers, nor hospitals, nor investors, nor physician practices.”

That’s Donald M. Berwick, MD, MPP, Senior Fellow at the Institute for Healthcare Improvement and former Administrator for the Centers for Medicare and Medicaid Services, excoriating the pharmaceutical industry, health insurance carriers, hospitals, hospital administrators, and medical practitioners in [an article in JAMA Network Open](#).

Berwick tied the rising cost of health care to untenable economic impacts on individuals. Forty-one percent of adults in the U.S., or 100 million people, carry medical debt; 58% of debt collection activity in 2021 was for medical bills. Berwick also noted: “US health care costs nearly twice as much as care in any other developed nation, whereas US health status, equity, and longevity lag far behind. Unchecked greed is not the only driver of that failure, but it is a major one. Few, if any, other developed nations tolerate the levels of avarice, manipulation, and profiteering in health care that the US does.”

CAHC has been tracking the rising cost of health care and lack of affordability in Maine for years. We have seldom seen such a clear and emphatic denunciation of the worst aspects of the health care system. Let’s hope policy makers see it that way too.

KFF Brief on Racial Disparities in Maternal and Infant Health. In a November 2022 [Issue Brief](#), Kaiser Family Foundation (KFF) discussed the enduring disparities in maternal and infant health among people of color and ways in which the COVID-19 epidemic exacerbated them. Pregnancy-related mortality among Black and American Indian/Alaska Native (AIAN) women is two and three times higher than among White women. During the pandemic, Black women had the highest maternal mortality rates across racial and ethnic groups during the pandemic in 2020 and 2021 and experienced the largest increase when compared to the year before the pandemic in 2019.

In addition, Black, AIAN, and Native Hawaiian and Other Pacific Islander (NHOPI) women are more likely than White women to have certain birth risk factors that contribute to infant mortality and can have long-term consequences for the physical and cognitive health of children. Infants born to Black women are over twice as likely to die relative to those born to White women, and the mortality rate for infants born to AIAN and NHOPI women is nearly twice as high.

KFF reported the factors that drive these health outcomes disparities are complex and include differential access to health insurance, health care, and discrimination. As KFF put it: “In maternal and infant health specifically, the intersection of race, gender, poverty, and other social factors shapes individuals’ experiences and outcomes.”

In June 2022, the Biden administration released [The White House Blueprint for Addressing the Maternal Health Crisis](#), which outlines policies at the regulatory level that will improve access to coverage and care. In addition, the American Rescue Plan Act gave states the option of extending post-partum Medicaid coverage up to a full year. Twenty-seven states, including D.C., have implemented a 12-month postpartum coverage extension. An additional seven states were planning to implement the extension. In addition, states, providers and health systems, foundations and communities are tackling this issue.

ICYMI: [Cochrane](#), an organization long regarded as a reliable evaluator of medical studies, recently released a meta-analysis that challenges the efficacy of wearing masks to prevent the spread of COVID-19. There has been pushback against the analysis which, according to [some press reports](#), suggests that masks are ineffective.

[Jennifer Nuzzo](#), Professor of Epidemiology and Director of the Pandemic Center at Brown University School of Public Health, criticized the study's methodology in this [Twitter thread](#). At [The Conversation](#), a network of not-for-profit online media outlets that publishes news stories and research, three epidemiologists and a primary care expert [pushed back hard](#), concluding: "A systematic review is only as good as the rigour it employs in combining similar studies of similar interventions, with similar measurement of outcomes. When very different studies of different interventions are combined, the results are not informative."

State Level

New Data Shows Rx Drug Costs Rising in Maine. The Maine Health Data Organization (MHDO) released [updated prescription drug data](#) showing Maine payers spent over \$757 million on just 25 of the costliest drugs during a one-year period. Total drug spending in Maine exceeded \$2.7 billion. The data released by MHDO also shows the costs for the 25 most prescribed drugs and for the 25 drugs with the highest year-over-year increases in cost.

Two things this data makes very clear is the cost of prescription drugs in Maine is very high and is quickly increasing. In fact, Maine payers spent \$158 million more than the previous year on just 25 drugs that had the highest cost increases. One of those drugs is Cabometyx which is used to treat certain types of cancers, which shot up in cost by over 40% per prescription in just a 12-month period. The average cost in Maine to fill a single prescription of Cabometyx (\$32,478) was \$9,500 **more** than it costed just a year ago.

To see more, check out MHDO's updated data on [prescription drug costs and utilization in Maine](#).

Governor Mills Joins Group of Governors to Launch Reproductive Freedom Alliance. Governors in 20 states, including Maine have [launched the Reproductive Freedom Alliance](#), a multi-state coalition aimed at protecting and expanding reproductive freedom in their respective states.

The Alliance will help facilitate collaboration and information sharing between states to help identify strategies and best practices to expand reproductive rights and fight efforts to restrict access to abortion and other forms of reproductive healthcare.

"The Supreme Court's wrongheaded decision to overturn Roe v. Wade has left more than half the people in America without access to safe abortion, and it has unleashed an unprecedented wave of new threats to reproductive health care," [said Governor Janet Mills](#).

Having a formal coalition will also help members to better coordinate and respond to national court decisions or policy changes that could impact access to reproductive health care in member states, such as a [federal lawsuit in Texas](#) that, if successful,

could eliminate access throughout the country to a drug used in medication abortions, which is the most common type of abortion.

"While we have strong abortion laws in Maine, this moment requires that states come together to stand for and safeguard reproductive freedom wherever and whenever possible," [said Governor Mills](#). "I'm proud to join the Reproductive Freedom Alliance, and, so long as I am Governor of Maine, I will work to protect and strengthen reproductive rights in our state."

During her time in office, Governor Mills has worked with the Maine Legislature to enact several bills to help improve access to reproductive health care in Maine, including legislation [requiring public and private health plans to cover abortion services](#). Earlier this year, [Governor Mills, Senate President Troy Jackson, and House Speaker Rachel Talbot Ross announced](#) new legislation to ensure medical providers can offer patients abortion care when they need it.

Legislative Committees Hold Hearings on Proposed Budget. The Appropriations and Financial Affairs (AFA) Committee is in the process of holding public hearings on the Governor's [proposed biennial budget](#). The series of hearings began earlier this month and are expected to continue to the beginning of March. The budget hearings last week were held in conjunction with the Health and Human Services and covered aspects of the budget related programs and initiatives overseen by the Department of Health and Human Services.

The proposed budget makes several important investments, including a historic \$237 million in state (\$94 million) and federal funds to support mental health and substance use disorder services. It also includes funds for programs to expand Maine's healthcare workforce, and extend the [Small Business Health Insurance Relief Program](#). We hope the final budget will include funding for other critical health care initiatives, such as closing gaps in MaineCare eligibility for immigrants and expanding the Maine CDC School Oral Health Program to serve all schools in Maine.

You can find a detailed schedule for the budget hearings, [here](#).

Need a COVID-19 Vaccine or Booster? COVID-19 vaccine and booster shots are free. You can find a free vaccination site near you, [here](#). Note that not all sites offer vaccines to young children. When searching for a vaccination site, you can filter by age eligibility to find locations offering vaccines for the age group you're looking for.

You can also get tested for COVID-19 for free. Learn how to get a free COVID-19 test, [here](#).

Want to Know More?

Science has a story on the development of [portable, low-field MRI scanners](#). ScienceDaily reports on [customized, 3D-printed hearts](#). And, Modern Sciences looks at a new biomaterial developed at UC-San Diego that [heals damaged tissue from the inside out](#).

Until next time,

The staff at CAHC



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Advocating the right to quality, affordable health care for every person in Maine.



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